



Galilee Missionary Baptist Church
 4129 Northampton Drive, Winston-Salem, NC 27105
 Church Office: (336) 724-3857 Fax: (336) 724-3821

Check Request Form

Purpose: _____

Date Money Requested: _____ **Ministry:** _____

Ministry Servant Leader _____

Check Payable to: _____

Address: _____

Phone: _____

Amount \$ _____
 (Choose Payment Method Below)

- Check Ministry account Church Account Reimbursement

Attach: invoice, order form or contract * Incomplete request will delay processing

NOTE:
REIMBURSEMENTS MUST INCLUDE ORIGINAL RECEIPTS
FUND REQUESTS WILL BE PROCESSED WITHIN 5 DAYS

FOR OFFICE USE:	Check # _____	Date processed: _____
	Approved by _____	Date _____
	Director of Ministries Signature _____	Date _____
	Financial Administrative Assistant Signature: _____	
	Notes: _____	